

FEDERAL CIRCUIT APPEAL INFORMATION SHEET
(Include names of all parties to the appeal. Use separate sheet if needed.)

Tribunal Appealed from: _____ Docket No.: _____

v.

*Plaintiff**

*Defendant**

Counsel:

Counsel:

(Use separate sheet for additional counsel if needed.)

Name: _____

Name: _____

Firm: _____

Firm: _____

Address: _____

Address: _____

Phone: _____

Phone: _____

Name: _____

Name: _____

Firm: _____

Firm: _____

Address: _____

Address: _____

Phone: _____

Phone: _____

Court Reporter: _____

Date of judgment or

Decision: _____

Address

Date of Notice of Appeal: _____

Cross Appeal(s): Yes No

Related Appeal(s): Yes No

Room No.

Appellant is: Plaintiff Defendant

City

Type of case: _____

FEES:

Court of Appeals Docket Fee Paid	Yes	No		
Motion for Pauper Status:	Granted	Denied	Pending	None
U.S. Appeal:	Yes	No		

IMPORTANT: FORWARD COPY OF NOTICE OF APPEAL AND DOCKET ENTRIES OR CERTIFIED LIST WITH THIS FORM.

**Includes parties occupying positions of plaintiff (e.g., petitioner) and defendant (e.g., respondent).*